Waiver/Liability Form

I agree to participate in the sponsored activity put forth by Frenchtown Township Recreation Department and abide by all rules and regulations and request that this form be accepted. In consideration of myself/my child being permitted to participate for said activity/team, myself/my child's heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages and losses myself/my child may have against Frenchtown Charter Township, the MHSAA, the Michigan/Frenchtown Township Recreation Association/Department and or member units, their respective agents, representatives, successors and assigns for any and all injuries suffered by myself/my child during the length of this contract.

Print Player's Name and Signature	Date

TEAM REGISTRATION FORM

DATE: / / 2022		
SPORT: Adult Summer Softball		
Which league are you registering for? Me	en's Co-I	Ed
Team Name:		
Manager's Name:		
Manager's Address:		
Manager's phone number:		
Manager's Email:		
The information I have provided is true and correct. As the necessary league information to my team members.	ne team manager. I agree to	forward all
Signature of Manager:		